

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Arlen Specter

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D251912</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1088.54</p> <p>[MEMO ITEM]</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Refund to Credit Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D252042</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period -78.14</p> <p>[MEMO ITEM]</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Refund to Credit Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D252043</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period -24.25</p> <p>[MEMO ITEM]</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

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FEC Schedule B ( Form 3 ) (Revised 02/2009)

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